

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: () HCP () IE () IC	Response Timely Filed? () Yes (X) No
Requestor's Name and Address SCD Back and Joint Clinic, Ltd. 200 E. 24th Street, Suite B Bryan, Texas 77803	MDR Tracking No.: M5-05-2252
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address TX Mutual Insurance Company, Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 99E0000373822

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
4-19-04	4-21-04	CPT codes 99070 and 97124	\$145.71	0

PART III: REQUESTOR'S POSITION SUMMARY

The requestor withdrew CPT codes 98943 and 97012 in a letter dated 5-9-05. These will not be a part of this review.

PART IV: RESPONDENT'S POSITION SUMMARY

The respondent denied CPT code 99070 on 4-19-04 (2 services) as "F – The code billed is invalid." Per Medicare Fee Guidelines this is not a valid code for these services. **Recommend no reimbursement.**

The carrier denied CPT code 97124 on 4-19-04 and 4-21-04 as "Z3-this procedure is considered integral to the completion of the comprehensive procedure." Per Medicare Fee Guidelines CPT code 97124 is considered to be a component of CPT code 98940 which was billed on this date of service. **Recommend no reimbursement.**

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if they are filed with the division no later than one (1) year after the date(s) of service in dispute. The following date of service is not timely and is not eligible for this review: 4-16-04.

PART VI: DETAIL FINDINGS (If needed)

